



Wichita Park & Recreation 2016 Specialty Camps Required Paperwork

PARTICIPANT MEDICAL and AUTHORIZED PICK-UP FORM

The following information is compiled to assist in case of any medical situation with your child. All information is confidential.

CHILD'S NAME			
ADDRESS			
DATE OF BIRTH		GENDER	Male Female

PARENT/GUARDIAN			
ADDRESS			
TELEPHONE	HOME:	WORK:	MOBILE:

PARENT/GUARDIAN			
ADDRESS			
TELEPHONE	HOME:	WORK:	MOBILE:

DOCTOR'S NAME			TELEPHONE	
INSURANCE NAME			POLICY NUMBER	

PARTICIPANT'S MEDICAL DETAILS (if the answer is YES to any of the following, please give details or attach note)				
Is camper being treated for any condition or illness? YES NO				
Is the camper currently taking any drug or medication? YES NO				
If currently taking medication, will this medication need to be administered at camp? YES NO				
Does camper have any behavioral issues the staff should be aware of? YES NO				
Does the camper have any allergies? YES NO				
Does the camper sunburn easily? YES NO				
Indicate your campers swimming ability: Poor Fair Good Excellent				

ADDITIONAL PERSONS AUTHORIZED TO PICK UP (other than parents/guardians listed above)				
CONTACT NAME			RELATIONSHIP TO CHILD	
TELEPHONE	HOME:	WORK:	MOBILE:	
CONTACT NAME			RELATIONSHIP TO CHILD	
TELEPHONE	HOME:	WORK:	MOBILE:	
CONTACT NAME			RELATIONSHIP TO CHILD	
TELEPHONE	HOME:	WORK:	MOBILE:	

In the event of accident or illness, I authorize Park and Recreation Staff in charge of camp to consent (when it is impractical to communicate with me) to my child receiving such medical treatment as may be deemed necessary	
SIGNATURE	DATE

Completed paperwork must be submitted prior to the first day of camp and can be submitted by the following methods:
 Boston Rec. Center camps: Fax 858-7611, e-mail jsidwell@wichita.gov or in person at 6655 E. Zimmerly.
 Watson Park camps: Fax 858-7949, email bhill@wichita.gov or mamartinez@wichita.gov or in person at 3022 S. McLean Blvd.